

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000001046

FILED  
Jan 08, 2007  
Secretary of State

**Entity Name:** JAUN BETTS HANDYMAN SERVICES, LLC

**Current Principal Place of Business:**

11404 SUMMERWINDS CT.  
FORT MYERS, FL 33908 US

**New Principal Place of Business:**

**Current Mailing Address:**

11404 SUMMERWINDS CT.  
FORT MYERS, FL 33908 US

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BETTS, JAUN  
11404 SUMMERWINDS CT.  
FORT MYERS, FL 33908 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: BETTS, JAUN  
Address: 11404 SUMMERWINDS CT.  
City-St-Zip: FORT MYERS, FL 33908 US

Title: MGRM ( ) Delete  
Name: BETTS, MONICA  
Address: 11404 SUMMERWINDS CT.  
City-St-Zip: FORT MYERS, FL 33908 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JAUN BETTS

MGMR

01/08/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date